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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 178A
Registered No. 44

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Dolores Mendez If child is not yet named, make supplemental report, as directed3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth August 26th, 1922
(Month, day, year)9. Full name FATHER
Jesus Mendez
10. Residence (usual place of abode) Hayden, Arizona,
(If non-resident, give place and State)
11. Color or race Mex 12. Age at last birthday 51 (Years)13. Birthplace (city or place) Janos,
(State or country) Chihuahua, MexicoOCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ore Dumper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Concentrator
16. Date (month and year) last engaged in this work August 26th 1922
17. Total time (years) spent in this work 918. Full maiden name MOTHER
Josefa Murietta
19. Residence (usual place of abode) Hayden, Arizona,
(If non-resident, give place and State)
20. Color or race Mex 21. Age at last birthday 41 (Years)22. Birthplace (city or place) Petitico
(State or country) Sonora, MexicoOCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work August 26th 1922
26. Total time (years) spent in this work 1427. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:00 P. m. on the date above stated
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Jesus M. Mendez, M.D.
or _____ Father _____, Midwife

Given named added from a supplemental report _____

Address Hayden, Arizona
Filed Oct. 4th, 1932 W.D. J. [Signature] Registrar.449-826-141 (Date of) _____ Registrar.